

## M. Paid Time Off (PTO) Donation Program

### I. Purpose

The purpose of the Paid Time Off (PTO) Donation Program is to provide a mechanism by which eligible employees may voluntarily donate accrued PTO to assist other eligible employees who are experiencing a serious personal or family hardship and who have exhausted, or are at risk of exhausting, their available paid leave. This program is intended to support employee well-being while maintaining the operational needs of STRIDE Academy.

### II. Eligibility to Donate PTO

- a. Employees eligible to donate PTO include full-time and part-time employees who accrue PTO under this policy, including licensed teachers and non-licensed support staff.
- b. Employees must retain a minimum PTO balance after donation, as determined by Administration, to ensure continued availability of leave for the donor's own needs.
- c. Donated PTO must be accrued, unused PTO at the time the donation is made.
- d. Temporary employees are not eligible to donate PTO.
- e. Participation in the PTO Donation Program is strictly voluntary. Employees shall not be pressured, coerced, or solicited to donate PTO by supervisors, administrators, or coworkers.

### III. Eligibility to Receive Donated PTO

- a. Employees eligible to receive donated PTO include full-time and part-time employees, including licensed teachers and non-licensed support staff, who are currently employed by STRIDE Academy and in good standing.
- b. An employee seeking to receive donated PTO must submit a formal written request to Human Resources in the form and manner prescribed by the School. Receipt of donated PTO shall not occur unless a request has been submitted by the employee in need.
- c. An employee may be approved to receive donated PTO if the employee is experiencing a qualifying hardship, which may include, but is not limited to:
  - A serious personal medical condition;
  - The need to care for an immediate family member, as defined in this policy, with a serious medical condition; or
  - Other extraordinary circumstances as determined by the Executive Director or designee.
- d. The employee must have exhausted all available PTO and applicable leave under this policy, including Earned Sick and Safe Time (E.S.S.T.), prior to accessing donated PTO, unless otherwise approved by the Executive Director due to extenuating circumstances.
- e. Approval of donated PTO is not automatic and remains subject to review and authorization by the Executive Director or designee.

### IV. Donation and Approval Process

- a. An employee in need must submit a PTO Donation Request Form to Human Resources identifying the qualifying hardship and the anticipated amount of PTO requested.
- b. Upon approval of eligibility, Human Resources may facilitate notice of the approved request in a manner that protects employee confidentiality and allows eligible employees to voluntarily donate PTO.
- c. Employees wishing to donate PTO must submit a PTO Donation Receipt Request Form to Human Resources.
- d. PTO donations must be made in whole-hour increments and must be accrued and unused at the time of donation.
- e. Once PTO has been donated, the donation is irrevocable and may not be returned to the donating employee under any circumstances.
- f. Administration reserves the right to limit the amount of PTO an employee may donate or receive in a school year to ensure equitable administration of the program and to protect school operations.

### V. Use of Donated PTO

- a. Donated PTO may be used only for the approved hardship and must be used in accordance with the employee's regular work schedule and assigned calendar (teacher or support staff calendar, as applicable).

- b. Donated PTO will be paid at the recipient employee's regular rate of pay and does not count as hours worked for purposes of overtime or premium pay calculations.
- c. Donated PTO may not be used during Black Out Days, except as approved by the Executive Director or designee.
- d. Any donated PTO not used by the recipient employee will be forfeited and will not be returned to the donor.

#### VI. Confidentiality

All information related to PTO donations, including the identity of donors and recipients and the circumstances necessitating the request, will be treated as confidential to the extent permitted by law and consistent with the administration of this policy.

#### VII. Non-Retaliation

STRIDE Academy strictly prohibits retaliation against any employee who chooses to donate or declines to donate PTO, or who applies to receive donated PTO under this program.

#### VIII. Administration of the Program

The Executive Director or designee retains full authority to administer, interpret, modify, suspend, or discontinue the PTO Donation Program at any time, consistent with applicable law and the operational needs of STRIDE Academy.

#### IX. Compliance with Law

This PTO Donation Program shall be administered in compliance with all applicable federal and Minnesota laws, including but not limited to Minn. Stat. §§ 122A.40–58 and 181.9446, and shall be interpreted consistently with the provisions of this Employee Leave Policy.

# FORM 1: PTO DONATION REQUEST FORM (EMPLOYEE IN NEED)

STRIDE Academy

## Paid Time Off (PTO) Donation Request Form

This form must be completed by an employee requesting to receive donated PTO in accordance with the PTO Donation Program outlined in Policy 409 (Employee Leave Policy).

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### Employee Information

Employee Name: \_\_\_\_\_

Position / Role: \_\_\_\_\_

Employment Type:  Teacher  Support Staff

Work Location / Building: \_\_\_\_\_

School Year: \_\_\_\_\_

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### Qualifying Hardship

Please briefly describe the qualifying hardship for which donated PTO is being requested. Medical information should be limited to what is necessary for review.

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### Leave Status Certification

I certify that I have exhausted, or will imminently exhaust, all available PTO and applicable leave under Policy 409, including Earned Sick and Safe Time (E.S.S.T.), unless otherwise approved due to extenuating circumstances.

Estimated number of PTO hours requested: \_\_\_\_\_ hours

Anticipated dates of use (if known): \_\_\_\_\_

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### Employee Acknowledgment

I acknowledge and understand that:

- Submission of this request does not guarantee approval or receipt of donated PTO.
- Donated PTO may only be used for the specific hardship approved under the PTO Donation Program.

- Approval and the amount of donated PTO granted are subject to review and authorization by the Executive Director or designee.
- Any donated PTO not used will be forfeited and returned to the general pool of donated PTO hours.

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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### Administrative Review (For School Use Only)

Approved     Denied     Approved with Conditions

Authorized Hours (if approved): \_\_\_\_\_ hours

Executive Director / Designee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## FORM 2: PTO DONATION RECEIPT REQUEST FORM (DONOR)

**STRIDE Academy**

### Paid Time Off (PTO) Donation Receipt Request Form

This form must be completed by employees voluntarily donating PTO in accordance with the PTO Donation Program outlined in Policy 409 (Employee Leave Policy).

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#### Donor Information

Donor Employee Name: \_\_\_\_\_  
Position / Role: \_\_\_\_\_  
Employment Type:  Teacher  Support Staff  
School Year: \_\_\_\_\_

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#### PTO Donation Details

Number of PTO hours to be donated (whole-hour increments only): \_\_\_\_\_ hours

I certify that:

- The PTO hours being donated are accrued and unused at the time of donation.
  - I will retain the required minimum PTO balance after donation, as determined by Administration.
  - This donation is voluntary and irrevocable.
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## **Donor Acknowledgment**

I acknowledge and understand that:

- Donated PTO may not be returned to me under any circumstances.
- I will not receive financial compensation or any other consideration for this donation.
- The identity and circumstances of the recipient employee may remain confidential.
- Donated PTO may be returned to the general pool if not used by the recipient.

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Human Resources Processing (For School Use Only)**

PTO Balance Verified:  Yes  No

Hours Accepted and Deducted: \_\_\_\_\_ hours

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_